



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No: AMANO A275
First Named Inventor: SAKUMA
Complete if known: Serial No: _____ Filing Date: December 1, 2000
Group Art Unit: _____ Examiner: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CIRCULAR-SHAPED METAL STRUCTURE, METHOD OF FABRICATING THE SAME, AND APPARATUS FOR FABRICATING THE SAME the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

<u>Prior Foreign Application(s):</u>			<u>Priority Claimed</u>	<u>Certified Copy Attached</u>
<u>376193/1999</u>	<u>Japan</u>	<u>12/3/1999</u>	<u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)		
<u>362401/2000</u>	<u>Japan</u>	<u>11/29/2000</u>	<u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)		

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No: _____ Filing Date: _____